Female Condom and Dual Protection:

Training for Community-Based Distributors and Peer Educators

"We must do everything we can to prevent unwanted, unintended and high risk pregnancies, including making family planning information and services universally available. The technologies and techniques needed are all well known. Countries need only the will to act."

DR. NAFIS SADIK
FORMER EXECUTIVE DIRECTOR UNFPA
(SEXUAL AND REPRODUCTIVE HEALTH BRIEFING CARD)

Dual Protection is defined as protection from pregnancy, STIs, and HIV/AIDS through—

- The use of a condom alone
- The use of a condom plus another contraceptive method
- Abstinence
- Use of contraception between uninfected monogamous couples
- Avoidance of all types of penetrative sex

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Training for Community-Based Distributors and Peer Educators

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August 2003 ISBN 0-9742200-6-X

This publication was supported by the United States Agency for International Development (USAID) under Cooperative Agreement # HRN-A-00-98-00009-00. The contents of this document do not necessarily reflect the views or policies of the USAID or The Centre for Development and Population Activities.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CBD	Community-Based Distributor
CHW	Community Health Worker
FP	Family Planning
HIV	Human Immunodeficiency Virus
PE	Peer Educator
RH	Reproductive Health
SM	Safe Motherhood
SMI	Safe Motherhood Initiatives
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
TBA	Traditional Birth Attendant
UNFPA	United Nations Population Fund

Acknowledgements

Field Collaborators

We give thanks to Gifty Alema-Mensah, CEDPA/Ghana Country Director, and her staff for help in brainstorming the initial contents for the curriculum and for using parts of the curriculum in a pilot test with CEDPA/Ghana partners.

Reviewers

The following individuals at CEDPA were instrumental in reviewing this curriculum providing valuable feedback: Rose Amolo, Ravi Anand, and Abimbola (‘Lola) Payne.

Publishing and Editing

Malcolm Lowe has done an excellent job formatting, creating graphics, and adapting illustrations throughout the curriculum. Annmarie Leadman and Annie LaTour prepared the document for printing.

Contributors

Thanks also go to Kimberly Aumack Yee who helped develop games and activities in the manual *Reproductive Health Awareness: A Wellness Self-Care Approach* and activities for this manual have been drawn from it. Thanks also go to the Georgetown University Institute for Reproductive Health for generously sharing their anatomy diagrams.

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Female Condom and Dual Protection

Introduction

In this era of global crisis with an AIDS epidemic and variable availability of reproductive health (RH) services, it is critical that all of us become protectors of our nation's health. Unintended pregnancy and sexually transmitted infections (STIs) yield poverty, infertility (post unsafe abortion), social upheaval, and at times, death.

Community members are often powerful agents of information, change, and protection. Involving communities in self-protection through behavior change is within the reach of all of us.

Therefore, this curriculum is intended to teach community members how to contribute to the reduction of unintended pregnancy and STIs. Strategies that help delay initiation of sexual activity, delay age of marriage, or support a decrease in numbers of sexual partners improve the reproductive health of individuals and communities.

Dual protection is defined as protection from pregnancy and STIs/HIV through—

- The use of a condom alone
- The use of a condom plus another contraceptive method
- Abstinence
- Use of contraception between uninfected monogamous couples
- Avoidance of all types of penetrative sex

Background of the Problem

Why is it important for community workers to address dual protection?

- At least half of all pregnancies, an estimated 133 million annually worldwide, are unintended.
- Approximately 340 million curable STIs occur each year.
- Another 5 million people acquire HIV annually, with 1.8 million of these new infections occurring among women and 800,000 among children younger than 15 years of age.
- At least 40 million persons are currently living with HIV/AIDS, of whom 17.6 million are women. (Cates & Steiner, p. 168)
- Overall contraceptive coverage worldwide is uneven and access difficult for many couples at high risk for either or both unintended pregnancy and STIs. The United Nations Population Fund (UNFPA) *2001 State of World Population: Footprints and Milestones: Population and Environmental Change* notes the figures below:

	Percent Any FP Method Used	Percent Modern FP Method Used	Maternal Mortality Ratio*
World	62	56	400
More Developed Countries	70	59	21
Less Developed Countries	60	55	440
Least Developed Countries	N/A	N/A	1,000

(UNFPA, 2001)
* Number of maternal deaths per 100,000 live births.

In the same report, UNFPA describes three possible scenarios of world population in 2050: a low projection of 7.9 billion, a medium 9.3 billion, or a high 10.9 billion. Based on the medium figure, world population will grow by 50 percent, from 6.1 billion in mid-2001 to 9.3 billion by 2050. All of the projected growth will take place in today's developing countries. The 49 least-developed countries, already straining to provide basic social services to their people, are projected to triple in size, from 668 million to 1.86 billion people.

Whether world population in 2050 reaches the low, medium, or high projection will depend on success in ensuring women's rights to education and health, including reproductive health, and in ending absolute poverty.

The poorest countries are among the most severely challenged by soil and water degradation and food deficits. The vast bulk of consumption is in the industrialized countries, but it is rising fast elsewhere as incomes grow. Measures to conserve energy, curb pollution, and promote sustainable use of natural resources are essential for sustainable development in the future (UNFPA, 2001). Avoiding unintended pregnancy is a major contributor to enhancing the quality of life for all.

Using two family planning methods simultaneously should enhance the degree of protection against both unintended pregnancy and STIs. However, arguments against this approach include the following—

- Many people dislike using even one contraceptive method: motivating them to use two simultaneously may be unrealistic.
- Adding a second method may impair consistency of use of the first.
- Promoting condoms only for disease prevention may stigmatize the method and inhibit people at risk for STIs from using them.
- Using or promoting two methods may not be financially or logistically feasible, either for the client or for public health programs (Cates & Steiner, p. 171).

For illustrative purposes, estimates of the increases in key reproductive health morbidity and mortality parameters are listed here for **each** $1 million shortfall in contraceptive commodity assistance.

Increase in the number of unintended pregnancies—	360,000
Additional induced abortions	150,000
Additional maternal deaths	800
Additional infant deaths	11,000
Additional deaths of children under five	14,000

In the year 2000 alone, the world was short over $80 million to provide needed contraceptive commodities. (UNFPA, 2001) Our work must include ensuring ongoing streams of commodities as well as quality services for individuals and couples.

It will take creative and positive work with individuals and couples to overcome these negative attitudes. Couples need to know their full range of options.

Target Audience

This curriculum is intended for family planning trainers who are incorporating the female condom and dual protection into the program of their community level workers. It is expected that this curriculum will be used by community-based distributors (CBDs), community health workers (CHWs), peer educators (PEs), traditional birth attendants (TBAs), and other community level workers.

How to Use this Curriculum

This two-day curriculum is organized as an update or continuing education offering for participants who are already functioning community health workers. It is probable that they are already offering the male condom. A review of the male condom is included so the trainer can confirm that CBDs are functioning correctly.

The curriculum includes practice sessions with the female and male condom using checklists. These checklists break the process of insertion and removal into each component part. The checklists are used during the training to make certain that each and every participant has mastered the entire complex skill. Each participant should be able to critique their own performance and that of the other participants by the end of training.

Supervisors can then use the same checklists as they visit community-based workers in the field. Likewise, the checklists can be used as a management tool for reviewing the progress of workers throughout the region and noting confusion, gaps in knowledge or practice, and using this information to provide updates at monthly meetings or giving special support to workers having difficulty. Thus the checklists are used in training, supervision, and management roles.

Learning Objectives

Objectives

By the end of this training, participants will be able to—

- Understand the scope of the problem of unintended pregnancies and sexually transmitted diseases including HIV/AIDS in our society
- Describe male and female reproductive anatomy
- Explain what the female condom is
- Describe how the female condom works
- Demonstrate how to use the female condom
- Explain the importance of following-up with the woman after use to solve any problems or concerns as she learns this new method
- Explain the importance of dual protection in avoiding unintended pregnancies and providing protection against HIV/AIDS and other STIs
- Counsel women and couples on the need for dual protection
- Review use of the male condom as a method of dual protection

Female Condom and Dual Protection

Training Schedule

Time	Day One	Day Two
8:00-8:30 AM	**Registration** *20 minutes*	
8:30-10:30 AM	**Welcome, Warm-up, and Introductions** **Session 1: Overview of Unintended Pregnancies and HIV/STIs in Our Environment**	**Warm-up, Recap Day One** **Session 5: How Do We Get Behavior Change in Dual Protection?**
10:30-10:45 AM	*Break*	*Break*
10:45 AM – 12:30 PM	**Session 2: Male and Female Anatomy Review**	**Session 6: Checkout Participants Using Checklist**
12:30-1:30 PM	*Lunch*	*Lunch*
1:30-3:15 PM	**Session 3: Introduction of the Female Condom and Begin Practice**	**Session 7: Review of Male Condom**
3:15-3:30 PM	*Break*	*Break*
3:30-5:00 PM	**Session 4: Practice Session** **Wrap-up, and Review of Day's Proceedings**	**Session 8: Wrap-up and Integration into Our Program** **Use of the Dual Protection Flip Charts and Final Evaluation**

Important Terms

Abstinence	Refraining from having sexual intercourse (penetrative sex).
AIDS	Acquired Immune Deficiency Syndrome. A progressive, usually fatal condition that reduces the body's ability to fight certain infections caused by the human immunodeficiency virus (HIV). The condition can become chronic if treated with antiretroviral medications.
Dual Protection	Protection from pregnancy and STIs/HIV either through the use of a condom alone or the use of a condom plus another contraceptive method. Abstinence, or avoidance of all types of penetrative sex, are other means of achieving dual protection.
Female Condom	A barrier method worn during intercourse (sex) as a method of contraception (family planning) and as a protection against sexually transmitted diseases. It is a closed-end tube of plastic placed inside the vagina.
HIV	Human Immunodeficiency Virus. The cause of Acquired Immune Deficiency Syndrome (AIDS). HIV can be transmitted by sexual contact (heterosexual or homosexual), by contaminated blood products (especially blood transfusion), through contaminated needles or surgical instruments, and from mother to fetus or infant before or during birth. If the mother is infected with HIV, there is a small chance that the virus will be passed to the baby through breast milk.
Infertility	Inability to become pregnant (woman). Inability to get a woman pregnant (man).
Male Condom	A barrier method worn during intercourse (sex) as a method of contraception (family planning) and as a protection against sexually transmitted diseases. It is a cylindrical sheath of latex, plastic, or sheep intestine worn over the penis.
Sexually Transmitted Diseases	The term given to a group of diseases affecting both men and women, and generally transmitted by sexual activity. These diseases usually cause discomfort, some may lead to infertility, and some may be life threatening.
Sexually Transmitted Infections	Sexually Transmitted Infection (STI) refers to infections transmitted by sexual activity. STIs include syphilis, gonorrhea, and HIV/AIDS.

Sample Session Design

Session 1

Overview of Unintended Pregnancies and HIV/STIs in Our Environment

Sample Session Design

Time	Content	Methodology	Materials Needed	Evaluation
20 minutes	**Welcome, Warm-up, and Introductions**	Warm up exercise to introduce participants and trainers to each other	Name tags	People begin to know each other's names
30 minutes	**STI Handshake**	Group work	Card for each participant	Questions and discussion reflect that participants understand
20 minutes	**Overview of Unintended Pregnancies and HIV/STIs in Our Environment**	Share national data	Handout with national data	
20 minutes	**Participants' Share Own Experience with Effects of Unintended Pregnancy and STIs/HIV/AIDS**	Discuss participants experience with unintended pregnancies and STIs/HIV/AIDS	Flipchart, markers, tape	Active discussion by participants

Session 1: Overview of Unintended Pregnancies and HIV/STIs in Our Environment

Activities and Handouts for Sample Session Design

- **STI Handshake**
- **Overview of Unintended Pregnancies and HIV/STIs in Our Environment**

Activity STI Handshake

Objective By the end of the session, participants will be able to—

- Describe how sexually transmitted infections can be spread

Time 30 minutes

Preparation Prepare index cards so that one index card has a small letter "h," one card has a small letter "g," one card has a small letter "c," and one card says "Do not shake hands with anyone." The rest of the cards are blank. (This activity has been adapted from Hunter-Geboy, 1995, pp. 61-63.)

Review the list of discussion questions in the "Tools for Trainers." Prepare the handout "Chain of Infection" located after the description of this activity. If appropriate, you may also distribute handouts on ways to prevent STIs and "Signs of Possible Reproductive Health Problems."

Directions

1. Give each participant an index card. A few of the cards will be slightly different. (One card has the letter "h," one card has the letter "g" and one card has the letter "c." The rest of the cards are blank.)

2. Quietly, so no one else can hear, remind the person with the card that says "Do not shake hands with anyone" to kindly refrain from shaking hands during the exercise. Then, in a loud voice, ask participants to stand and move about the room, shaking hands with three different people in various parts of the room. Each time they shake hands, they ask that person to sign their card. Then, after everyone else has shaken hands with three different participants, they return to their seats.

3. First, ask anyone with the index card "h" to stand. Then, ask anyone with index card "g" to stand. Then, ask those with "c" to stand. Next, ask everyone who shook hands with someone who is standing to also stand.

   Then, ask everyone who shook hands with one of the standing people to stand. Continue until everyone who shook hands with a standing person is also standing.

4. Ask the group to imagine that the "h" card represented a person with HIV, the "g" card, a person with gonorrhea and the "c" card, a person with chlamydia. These are all sexually transmitted diseases. Imagine that the handshake represented unprotected sex. If this was the case, all of the standing people could have been infected with one of these diseases. This shows how easily STIs can spread in a community. (Remind participants that STIs are *not* spread by shaking hands, but by intimate sexual contact. In point six of the instructions you will discuss basic information about STIs including how they are spread and how they are prevented.)

5. Ask everyone to sit down. Then, ask the person who did NOT shake anyone's hand to stand up. Remind the group that each person has the right to refuse to shake hands with another participant, just as each person has the right to refuse a sexual encounter that may put them at risk of being infected by a sexually transmitted infection. Discuss briefly a few ways to negotiate safer sex or refuse sexual contact altogether.

6. Discover what participants know about STIs by asking key questions. Correct misinformation and provide additional information if needed. You may ask the questions listed in tools for trainers, or create your own questions.

7. Discuss how participants may raise awareness about STIs during their work with clients and community members. Explore suggestions participants may have for modifying their services, counseling, and educational programs to better help clients reduce the risk of getting or spreading STIs. For example, how can they help others—

    - Improve their prevention practices

    - Do self-observation and monitoring of their bodies on a regular basis; and

    - Self-refer to the appropriate service if symptoms of STIs are noticed, or if there is a chance the person may have been infected.

Wrap-up

At the end of the activity, close with the following points.

- Anyone can get a STI if they have sex with an infected person. It doesn't matter who they are. Caring and loving people, clean and educated people, very wealthy people can all get STIs.

- If you are sexually active, you can protect against STIs by only having sex with one person who 1) is disease free; 2) does not share injection needles; AND 3) *only* has sex with you. Some people prefer to use a condom every time they have sex.

- By integrating self-care practices (like STI prevention, and self-referral for services) into their work, community workers can raise awareness and help community members develop skills that can lead to improved reproductive health.
- By incorporating STI prevention, early detection and referral messages into all types of service delivery, more clients and community members will be reminded of these important messages.

Note to Trainers

This activity can be used "as is" with community workers who have little previous knowledge and experience working with STIs.

It is a good icebreaker, first thing in the morning, to get the group involved in a STI/HIV discussion.

Tools for Trainers

STI Handshake

Sample Discussion Questions

STIs are not spread by shaking hands

How are they spread?

Vaginal, anal, and oral sex with an infected person. In some cases genital to genital contact without penetration can lead to transmission of STIs.

How do you reduce the chances of getting an STI?

Don't have sex. Or, use condoms every time you have sex. Or, have sex with only one person who is disease free and who only has sex with you. Also, do not use unclean needles or have sex with someone who uses unclean needles. Make sure blood has been screened for disease before receiving a transfusion. Using a condom reduces significantly the likelihood of being infected with a STI.

Can you tell if a person has an STI by looking at them?

Usually you cannot tell. Some STIs have symptoms. Still others have no symptoms, or the symptoms may not show up for a long time. With HIV, the virus that causes AIDS, a person may look perfectly healthy for many years but can still infect others.

If a person with an STI does have symptoms, what might he or she notice?

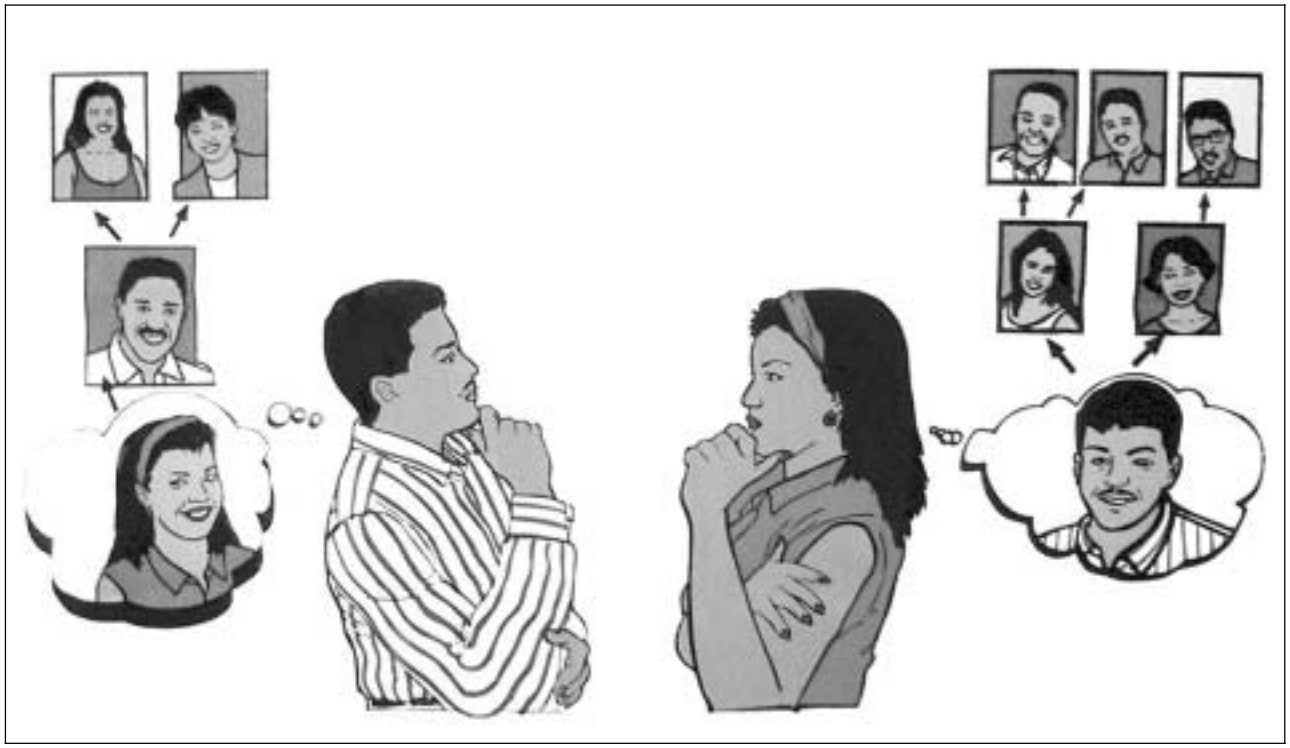
A strange discharge or smell from the penis or vagina; pain or burning while urinating; pain during sex; itching or pain on or near the genitals; sores, blisters, rashes, swelling, or growths around the genitals which may or may not hurt.

What should you do if you have symptoms of an STI or think you may have been infected (even if you don't have any symptoms)?

See a health provider. Don't have sex again until you are checked. Many STIs can be cured if the person is treated right away. For diseases that can't be cured, there are treatments that can decrease the symptoms or slow the progression of the disease. Tell participants where they (or community members) can get STI testing and appropriate health services. Remember that some STIs do not have outwardly visible symptoms, yet they can still make you very sick and spread to others.

Handout

Chain of Infection



Source: Family Planning Health Project Dominican Republic, 1996

Activity Overview of Unintended Pregnancies and HIV/STIs in Our Environment

Objectives By the end of this session, participants will be able to—

- Understand the scope of the problem of unintended pregnancies and sexually transmitted diseases including HIV/AIDS in our society and relate that to their own experience

Time 40 minutes

Preparation The trainer should seek out local statistics showing the level of unintended pregnancies and STIs including HIV/AIDS in the areas in which the CBDs will be working or at least at the national level.

The data for Ghana are below as an example. Look at the risk this population has for unintended pregnancy and HIV/AIDS and other STIs.

Pregnancy

Teenagers who registered for antenatal care in 1999—

- 10-14 year olds: 1,001. This group represents 0.1% of all women registered for antenatal care
- 15-19 year olds: 107,885 girls. This group represents 15.5% of all women registered for antenatal care
- 14% of adolescents have had a child
- Eastern Region: 21% of teen girls have delivered a child
  Greater Accra Region: 6% of teen girls have delivered a child
- Women with no education are seven times as likely to have a child as a teenager than women with secondary education
- Average number of children per woman of childbearing age: 4.6
- Women with no education have an average of 5.8 children, whereas women with a secondary education have an average of 2.8 children

Prevention of HIV and STIs

- Only 13% of the women currently married use modern contraceptives
- HIV positive: 4.0% of the population of Ghana in 1998 aged 15-49 years
- Only 2.7% of currently married women use the male condom

The trainer can use the above data to show how great the need is for dual protection - protection against unintended pregnancy and against HIV/AIDS and other STIs.

Directions

1. Discuss local data on unintended pregnancies and STI prevalence including HIV/AIDS. Then discuss the importance of the CBD in saving lives and preventing misery. Facilitate a discussion with the group to bring out the following points

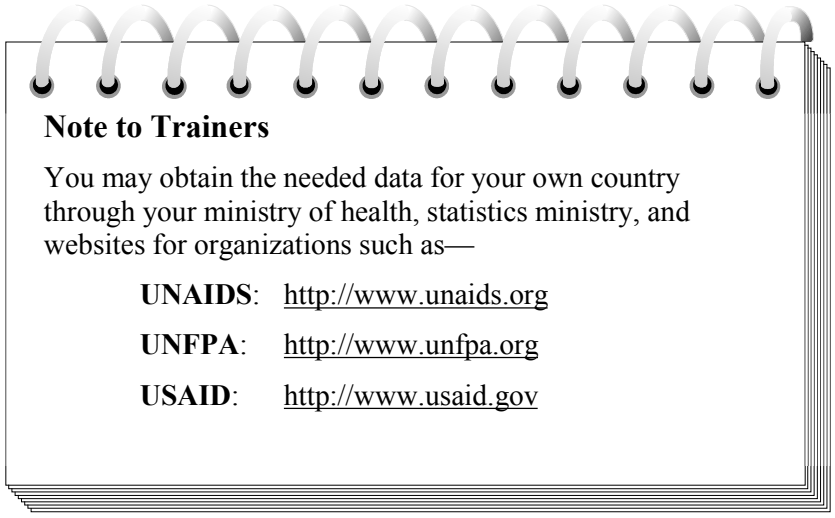
2. Share local statistics on unintended pregnancies and STIs. When young people lack access to family planning information and supplies—

   - Teenagers are more likely to seek unsafe abortion with death, serious illness, and infertility as possible consequences
   - Teen pregnancies can result in suicide, family violence, severe stress on family finances, embarrassment of families, rejection of the pregnant girl, etc.
   - Teens who become pregnant are more likely to drop out of school and earn less money throughout their lives
   - Pregnant teens are less likely to attend antenatal care as needed and therefore suffer more complications that are not detected early
   - More children die from prematurity, infections, malnutrition, and other neglect from young, poor, inexperienced mothers

3. Invite participants to share their own experiences with the problems created for individuals, families, and communities of unintended pregnancy and STIs.

Wrap-up Point out the following to the participants—

- All fertile individuals with unprotected intercourse are at risk for unintended pregnancy.
- All of us are at risk of STIs including HIV/AIDS.
- It is critical that individuals are aware of their risks and are helped to find ways to reduce that risk through strategies that we will be discussing throughout this curriculum.



Note to Trainers

You may obtain the needed data for your own country through your ministry of health, statistics ministry, and websites for organizations such as—

UNAIDS: http://www.unaids.org

UNFPA: http://www.unfpa.org

USAID: http://www.usaid.gov

Sample Lesson Plan

Session 2

Male and Female Anatomy Review

Sample Session Design

Time	Content	Methodology	Materials Needed	Evaluation
30 minutes	**Trainer led review of the basics of male and female anatomy and fertility**	Short lecture	Large pieces of white paper, colored markers, anatomy posters, anatomy handouts	Questions and discussion reflect that participants understand
60 minutes	**Participants play the reproductive health organ puzzle to review and refresh their knowledge of reproductive anatomy**	Participatory discussion	Anatomy puzzle game pieces	Active discussion by participants

Session 2: Male and Female Anatomy Review

Activities and Handouts for Sample Session Design

- **Male and Female Anatomy Review**
- **Reproductive Organ Game**

Note to Trainers

You will need to evaluate the level of literacy and previous community worker training to determine if the level of these activities is appropriate for your audience. Many CBDs and TBAs active in family planning counseling will do quite well with the reproductive organ game. Others may need more support.

Activity Male and Female Anatomy Review

Objective By the end of the session, participants will be able to—

- Describe male and female reproductive anatomy

Time 30 minutes

Preparation Make copies of the female and male anatomy handouts for participants.

Directions

1. Give a very brief review of the female reproductive anatomy.

   - The vagina is where the male partner places his penis when a male and female are having sex. It is also the place where the baby travels to be born, and where tampons are placed during the menstrual (monthly) period.

   - The vagina is a closed pouch. Because it is closed, the female condom cannot float up into the body.

   - In the top part of the vagina there is a very small opening into the cervix (mouth of the womb).

   - Germs and sperm (male seed) can pass through, but nothing as big as a tampon or condom can pass through.

   - The cervix feels firm like the tip of the nose, and acts as a stop sign, so that the female condom will not float up past it.

   - Since germs and sperm can both enter, it is important to cover the cervix so that they cannot pass through.

   - If you press firmly over the very bottom of your abdomen (tummy), you will feel a bone. This is the pubic bone. The inner ring of the female condom will be inserted to rest behind the pubic bone.

   - At the top of the vagina, the cervix leads into the uterus (womb). The uterus is where the fetus (baby) grows.

   - Growing out of the sides near the top of the womb are two fallopian tubes. They look like hands. Each month an egg is released from the ovaries and travels into the tubes, then into the uterus.

- If the woman gets pregnant (female egg joins with the male sperm) the fertilized egg travels into the uterus and the baby grows. If she does not become pregnant, her period comes.

2. Give a very brief review of the male reproductive anatomy.

    - The male reproductive organs are outside the body. The male organ (penis) allows urine to pass from the body and sperm to pass from the body when he is having sex. Urine cannot escape during sex as that tube closes as the man gets an erection (becomes hard).

    - Behind the male organ (penis) are two testicles (balls) inside a wrinkled looking skin bag. When the man is cold his testicles hug tightly to his body. When he is hot and sweating, his testicles hang very low. In this way the body is protecting the growing sperm and keeping them at a good temperature.

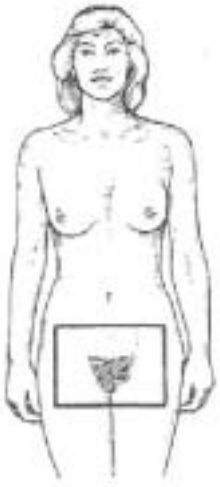
    - Inside each testicle (ball) are many, many tiny tubes through which the sperm pass as they grow. They are stored at the top of the testicle (ball) in readiness for the next time the man has sex. When he ejaculates (comes), the sperm mixed with a white fluid rush from his organ (penis). If unprotected, the woman can become pregnant if it is close to the time when she has a mature egg present in her body.

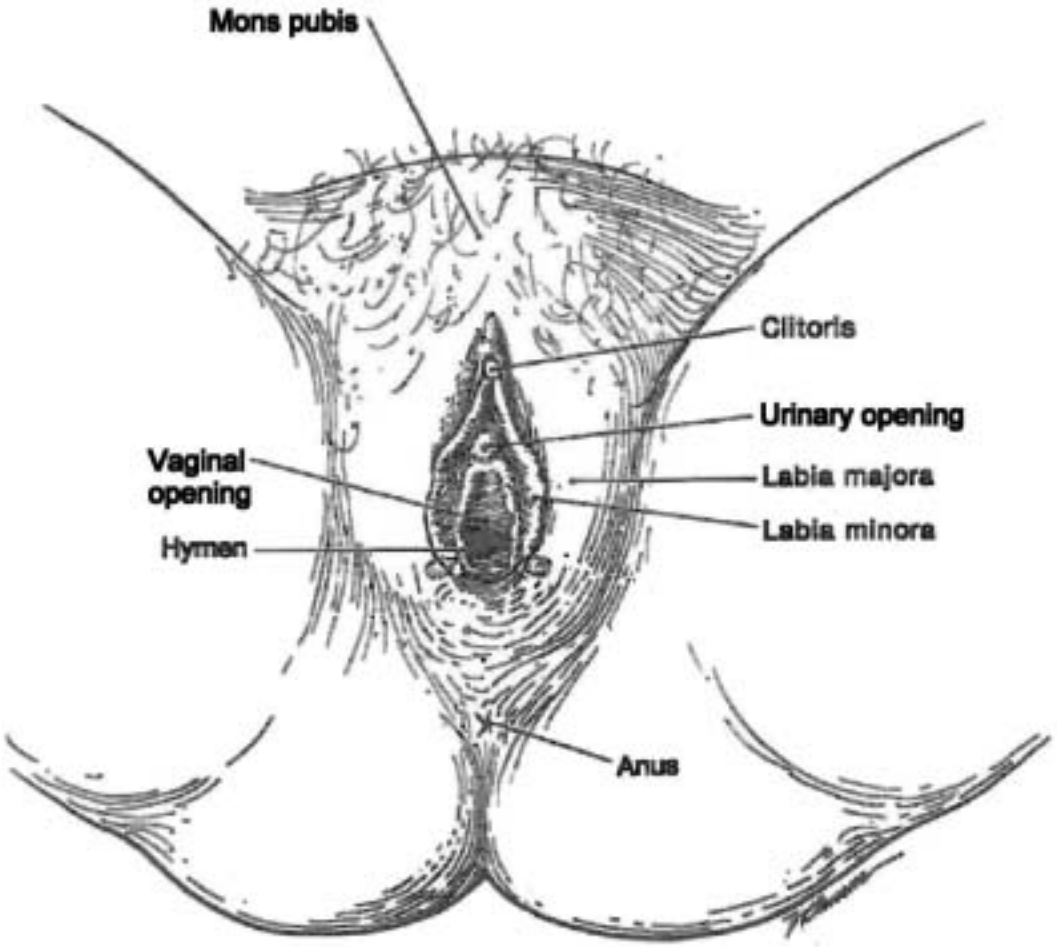
Wrap-up Point out the following items to the participants—

- A basic understanding of anatomy is essential for understanding how to prevent unintended pregnancy and STIs.
- It is quite empowering to individuals to understand how their bodies work and how to control their own health and fertility.

Handout

Female External Genitalia or Vulva

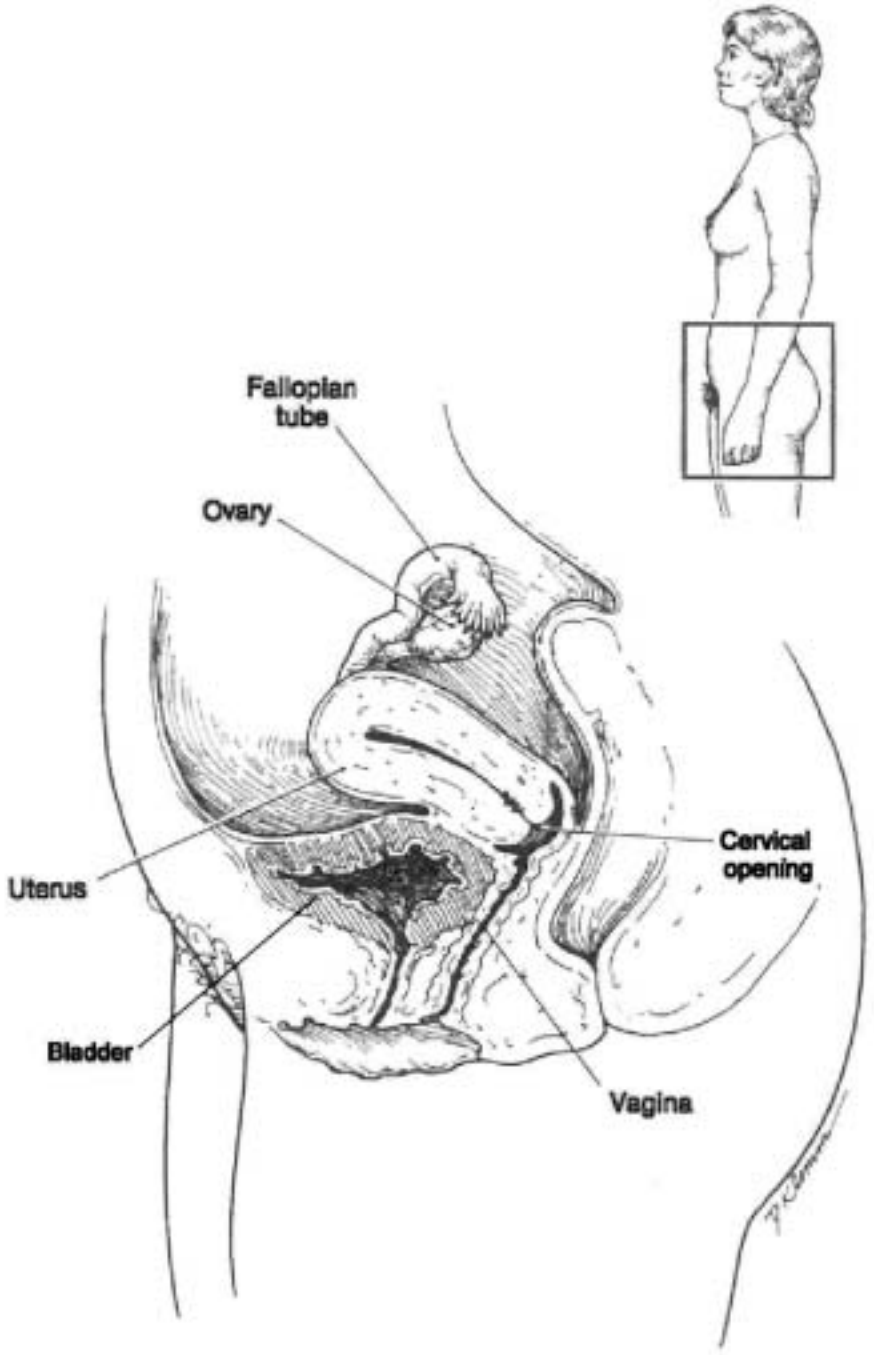




Handout

Female Internal Reproductive Organs

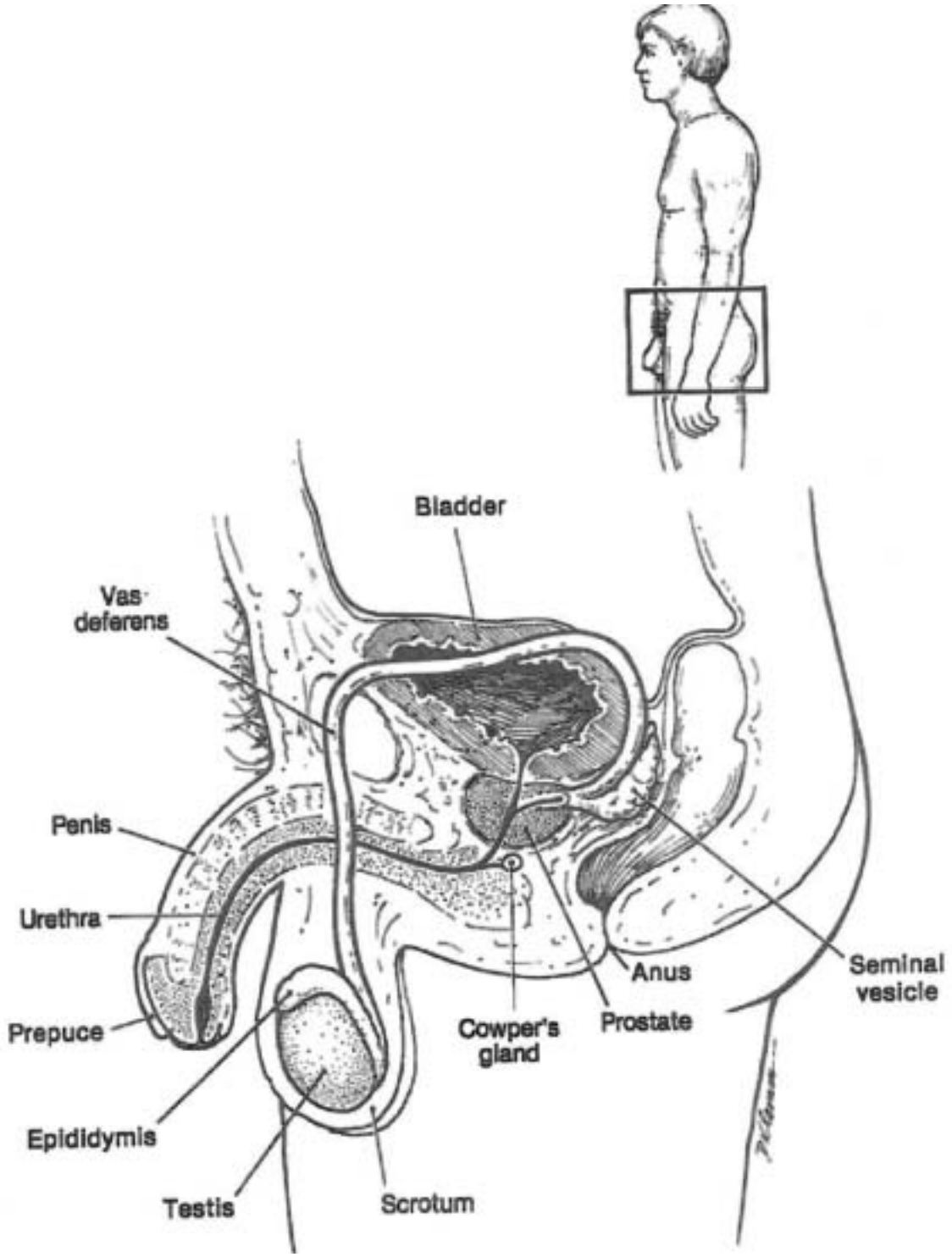
(Side View)



Handout

Male Reproductive Organs

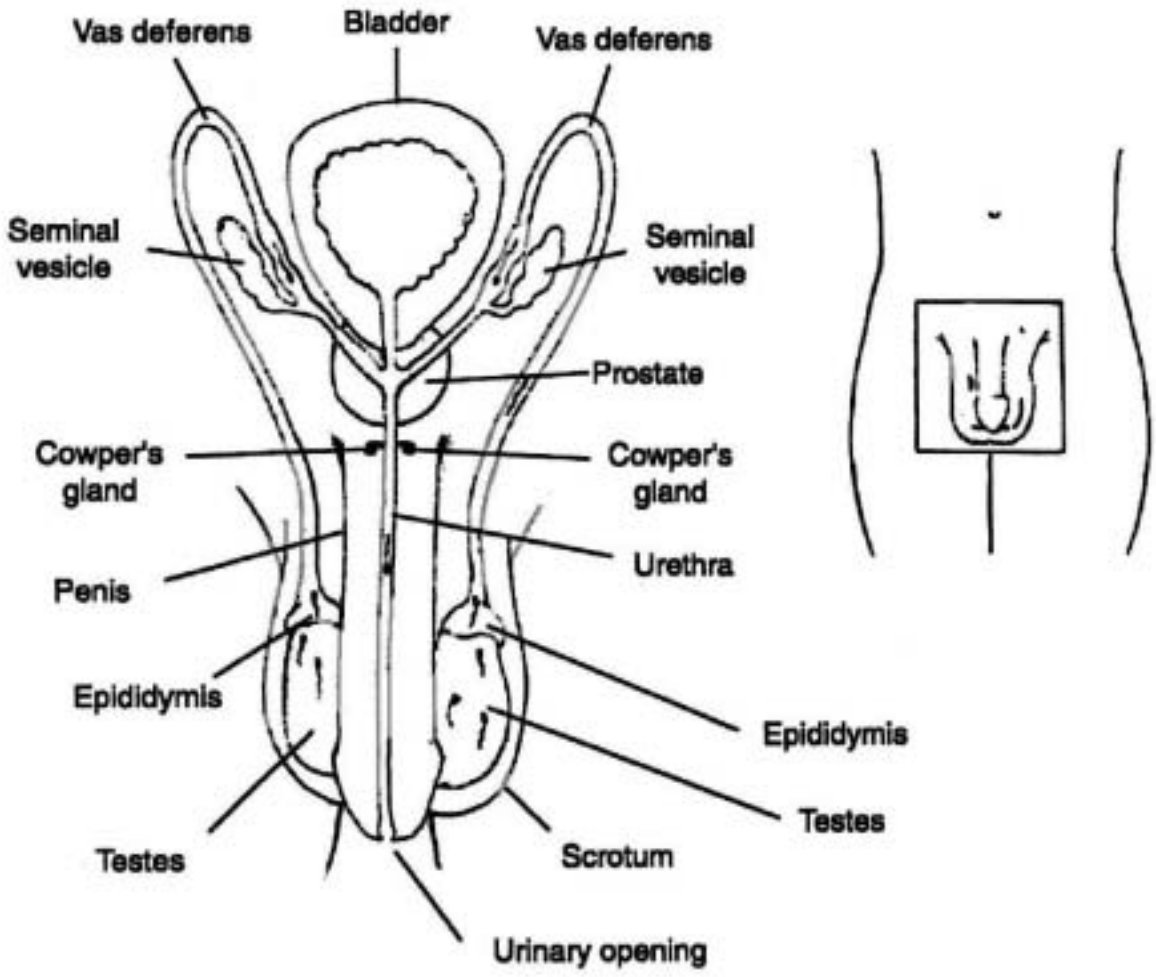
(Side View)



Tools for Trainers

Male Reproductive Organs
Path of Movement of Sperm during Ejaculation

(Front View)



Source: From *Family Planning Fundamentals* (p. 35), by K. Aumack Yee & S. Mann, 1996, Los Angeles: California Family Health Council. Copyright 1996 by California Family Health Council. Reprinted with permission.

Activity Reproductive Organ Game

Objective By the end of the session, participants will be able to—

- Describe the function of major male and female reproductive organs
- Tell briefly how the male and female reproductive systems work
- Tell when men and women are fertile
- Discuss some of the issues related to talking about the reproductive system with other members of the community

Time 60 minutes

Preparation Make a copy of the reproductive system puzzle pieces in the tools for trainers starting on page 2-22. Use scissors to cut on the dotted line of your copy and separate the pieces. Tape large posters of the male and female reproductive system to the wall. You may also want to use a poster of the female and male external genitalia. (See handouts for sample drawings.)

Directions

1. Start with the puzzle pieces describing the male reproductive system. (These include puzzle pieces one through nine and their matching pairs.) Pass out one of the male reproductive system puzzle pieces to each participant. Each person will either have the name of a male reproductive organ or the definition.

2. Invite participants to find the person with the piece that matches their puzzle piece, and stand together with their partner in numerical order. (The puzzle piece for each organ is numbered. This way the description of the reproductive organs will be presented in a logical order.)

3. First, the participant with puzzle piece one reads his or her definition. Next, the other participants guess the name of the organ and someone finds it on the poster of the male reproductive system. Then, continue with puzzle piece two, etc. Provide additional information as needed.

4. After participants have described the male reproductive organs, use a poster of the male reproductive system to summarize how the system works. Define fertility and describe when men are fertile. Discuss healthy fluids and secretions that men may notice from the penis (urine, semen, fluid from the Cowper's gland).

5. Use a poster of the external female genitalia, to briefly describe the major structures and their functions using puzzle pieces 10 to 17. In areas where

female genital cutting (FGC) occurs, this may be an opportunity to discuss the practice in its cultural context and explore ways to help communities to avoid the practice as well as deal with the consequences.

6. To present the internal reproductive organs of the woman, you may pass out puzzle pieces 18 to 22 and their matching pairs. Follow the same directions for discussing the male reproductive system. (See points two to four on the previous page.) Then, summarize how the female reproductive system works. Use a poster of the female reproductive system to illustrate the main points.

7. Invite participants to discuss issues related to talking with clients and community members about how the reproductive system works. Possible discussion questions include—

    - Is it important to talk about the name and function of reproductive organs with clients and community members? Why or why not?

    - Briefly, how would you describe how the male and female reproductive systems work? Which main points would you include?

    - In your experience, how comfortable are community members when you talk with them about the reproductive system?

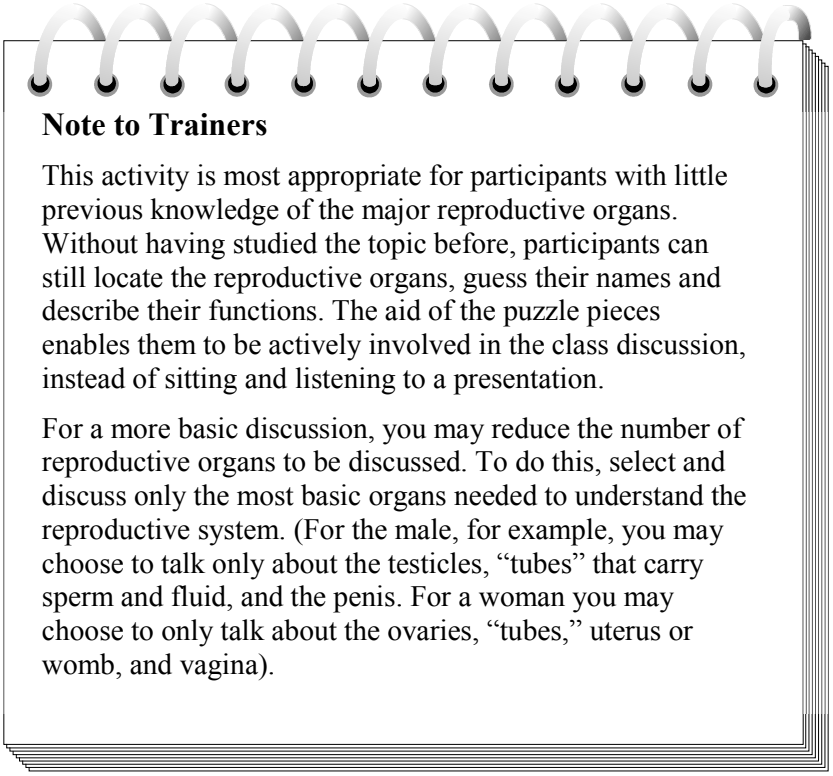
    - What can you do to increase their comfort level and initiate discussions about these topics?

    - How might you assess what individuals already know and believe about their reproductive systems?

Wrap-up

At the end of the activity, summarize with the following points—

- By understanding how the male and female reproductive systems work, both women and men can be better prepared to protect their fertility and overall reproductive health.
- Men are fertile and can cause a woman to become pregnant from the age of puberty until they are very old, often until death. A woman is fertile from puberty until menopause. However, she can become pregnant only during a few days each month.
- Community workers need to be sensitive to beliefs and attitudes about the reproductive system and to cultural norms regarding open discussion about these topics.



Note to Trainers

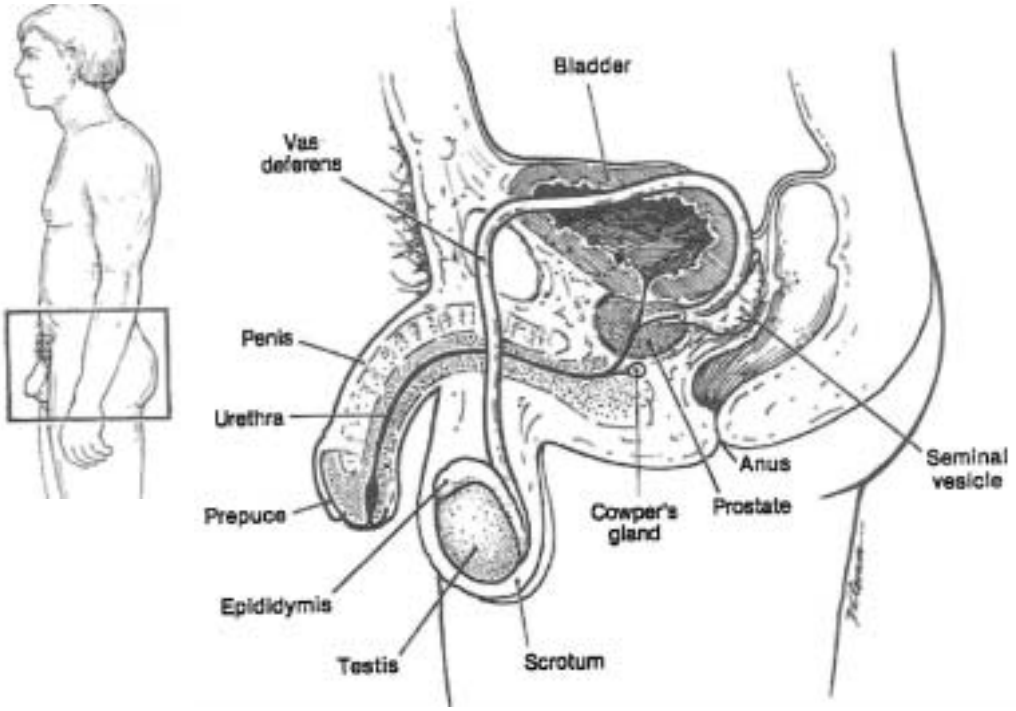
This activity is most appropriate for participants with little previous knowledge of the major reproductive organs. Without having studied the topic before, participants can still locate the reproductive organs, guess their names and describe their functions. The aid of the puzzle pieces enables them to be actively involved in the class discussion, instead of sitting and listening to a presentation.

For a more basic discussion, you may reduce the number of reproductive organs to be discussed. To do this, select and discuss only the most basic organs needed to understand the reproductive system. (For the male, for example, you may choose to talk only about the testicles, "tubes" that carry sperm and fluid, and the penis. For a woman you may choose to only talk about the ovaries, "tubes," uterus or womb, and vagina).

Tools for Trainers

Male Reproductive System

Puzzle Pieces



1. Penis

This is a tube-shaped organ made of tissue, blood vessels, and many nerve endings. When a man becomes sexually excited, it fills with blood and becomes larger and harder**.** Sperm and seminal fluid leave a man's body through an opening at the end of this tube. Urine also leaves the body through the same opening.

2. Scrotum

This is a sac that hangs between a man's legs. The left side of the sac usually hangs down a little more than the right side. Depending on a man's body temperature, this sac can move closer to the body (when it is cold) or farther away (when it is warm). This helps keep the organs inside at an ideal temperature.

3. Testicles or Testes

These two organs hang inside the scrotum. They feel firm and smooth, like hard-boiled eggs without the shell. This is where sperm is made. From puberty on, the testicles produce sperm every day. Sperm is necessary for a woman to become pregnant.

4. Epididymis

This is a small, comma-shaped cord attached at the top of the back of each testicle. It is where sperm are stored and where they become able to move on their own.

5. Vas deferens

When a man reaches orgasm, an ejaculation begins and the sperm move from the epididymis into these two tubes. These tubes are located inside the body and help transport sperm.

6. Seminal vesicles

In the vas deferens, sperm receive fluid from these two glands. The fluid from theses glands flows into the vas deferens and helps transport and nourish sperm.

7. Prostate gland

Sperm and fluid from the seminal vesicles continue through the vas deferens and then pass this gland. It also produces a fluid to help transport and nourish sperm.

8. Cowper's glands

These glands produce a fluid, which is sometimes called pre-ejaculatory fluid. This fluid flows into the urethra and helps prepare the way for sperm.

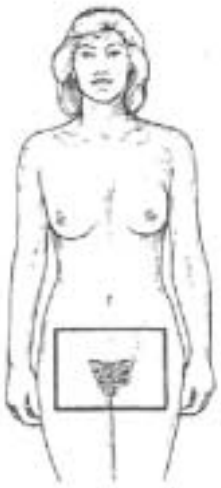
9. Urethra

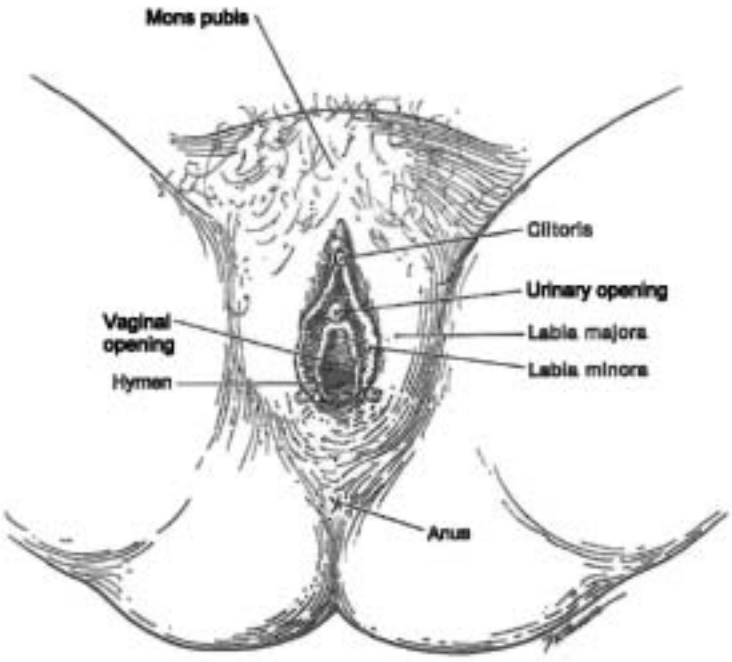
Sperm plus fluids from the seminal vesicles, prostate gland and Cowper's glands are called **semen**. During ejaculation, semen leaves a man's body through this tube, which is located in the center of the penis. It is the same tube through which urine leaves his body. A man cannot ejaculate and urinate at the same time. When he ejaculates, the opening to the bladder is closed and urine stays in his bladder.

Tools for Trainers

Female Reproductive System
External Genitalia or Vulva

Puzzle Pieces





10. Mons pubis

This is a pad of fat that helps protect a woman's internal reproductive organs. During puberty, pubic hair grows in this area.

11. Labia majora

There are two sets of protective lips. These are the outer lips, which are covered with hair.

12. Labia minora

There are two sets of protective lips. These are the inner lips. They are shiny and smooth.

13. Vaginal opening

The labia major and labia minora surround this opening. It is where menstrual bleeding and cervical secretions leave a woman's body and where a man places his penis during vaginal intercourse. Also, a baby passes through this opening during birth.

14. Hymen

A thin membrane around the vaginal opening that many young women have. In some women this membrane partially covers the vaginal opening until stretched and further opened by physical exercise or sexual intercourse.

15. Urinary opening

Urine leaves a woman's body through this opening. It is completely separate from the vaginal opening.

16. Clitoris

This is a raised mound of spongy tissue and nerve endings found in the area where the labia minora meet. It is very sensitive and can give a girl or woman much pleasure when it is touched or stimulated indirectly.

17. Vulva

If a woman uses a mirror, squats, and looks between her legs, she will see this area that includes the mons pubis, the labia, the clitoris, and all external reproductive organs.

18. Ovaries

The two almond-shaped organs are inside a woman's abdomen where a woman's eggs (or ova) grow and develop. The eggs are important because they are needed to create a baby. About two weeks before her period, a woman typically "ovulates," which is the process of an egg leaving one of these almond-shaped organs.

19. Fallopian tubes

The egg travels into one of these two tubes. These tubes provide a passageway for the egg. If no sperm are present, the egg dissolves and the woman does not become pregnant. If sperm are present, and a sperm unites with the egg, fertilization occurs in one of these two tubes.

20. Uterus

The fallopian tubes are attached to this organ, which is sometimes called the "womb." Each month its lining becomes rich with blood, anticipating the possible arrival of a fertilized egg. If a fertilized egg arrives, it attaches to the lining and receives nourishment so it can grow and eventually become a baby. But, if a fertilized egg does **not** arrive, the lining stays in place for about two weeks and then is shed by this organ as menstrual blood.

21. Cervix

This is the lower part of the uterus where it joins the vagina. It is where different types of normal, healthy secretions are produced. These secretions change throughout the month. Sometimes they are white and sticky. Sometimes they are clear and stretchy.

22. Vagina

The cervix opens into this muscular canal. It is where a man typically places his penis when a couple has sex.

Through the opening of the cervix, menstrual blood and other secretions pass from the uterus into this space and out a woman's body. When a baby is born, it also passes into this space as it leaves a woman's body. If a woman uses tampons during days of menstrual bleeding, this is where she puts the tampon.

Sample Session Design

Session 3

Introduction of the Female Condom and Begin Practice

Sample Session Design

Time	Content	Methodology	Materials Needed	Evaluation
45 minutes	**Trainer introduces female condom and gives demonstration of use**	Short lecture and demonstration	Female condom checklist handout, female model	Participants ask appropriate questions
45 minutes	**Participants practice using female condom in pairs or small groups**	Return demonstration	Female condom checklist handout, female model	Participants are able to use the checklist and model with practice

Session 3: Introduction of the Female Condom and Begin Practice

Activities and Handouts for Sample Session Design

- **Introduction of the Female Condom and Begin Practice Session**

Activity Introduction of the Female Condom and Begin Practice Session

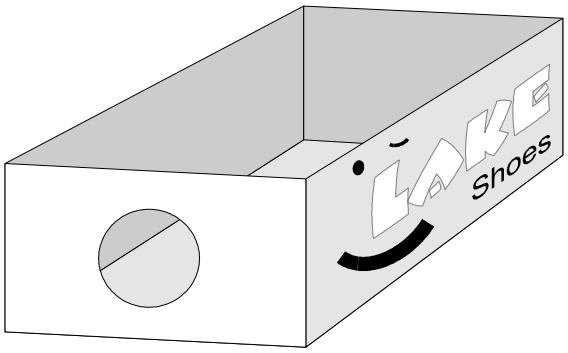
Objective By the end of the session, participants will be able to—

- Explain what the female condom is
- Describe how the female condom works
- Demonstrate how to use the female condom

Time 90 minutes

Preparation Prepare copies of the "Female Condom Checklist" handout on page 8-64 and samples of the female condom sufficient for each participant.

Currently there are no good, lightweight, portable, anatomically-correct female models appropriate for CBDs to use in the community. It is possible to make a rough model by cutting a four to five centimeter (1.5 to 2 inches) hole in a small box (e.g. a shoebox) to demonstrate condom insertion.



Shoe box with hole in it

Directions Explain what the female condom is and how it works.

1. Tell the woman, couple, or group about the female condom.

   - The female condom is a new, safe, and pre-lubricated (covered with oil) contraceptive (let them handle and feel it)

   - It is made of strong, soft polyethylene (plastic)

- When worn, it lines (covers) the vagina (private part) gently
- It is reliable, provides sensitivity for the couple, and is natural and enjoyable
- It acts as a barrier against germs that cause STIs/HIV/AIDS. This is called dual protection
- It also prevents unintended pregnancy by preventing the male seed (sperm) from reaching the female ovum (egg)
- It has a double advantage in protecting the women's health by preventing unplanned pregnancies and protecting against STIs/HIV/AIDS
- It has a flexible ring at each end (show the condom to the people)
- The inner ring is used for insertion to help keep the condom in place
- The outer ring remains outside of the vagina (female private part and can be seen) and covers the outside of her genitals
- It is one size, which fits all
- It can be inserted up to eight hours before sex or just before sex
- It should be used only once and then discarded
- Remember, it must be properly placed into the vagina before the penis enters to protect against pregnancy and sexually transmitted diseases
- Review the female reproductive system

2. Demonstrate how the female condom is used.
    - Wash your hands with soap
    - Check the manufacture and expiration dates
    - Open the package carefully where an arrow points on the top right side of the package. Don't remove the condom with long or rough nails
    - Find a comfortable position—
        - Standing with one foot on a chair or bed
        - Sitting (knees apart)

- Lying down

- Rub the condom to spread the oil on it. For extra moisture and comfort use any water or oil based lubricant. For example dip several fingers into palm oil and apply.

- Squeeze the inner ring

- Insert the condom into the vagina as far as it will go (use model or half-clenched first to demonstrate insertion)

- Push it up with a finger and ensure that it is not twisted

- During sex, guide the penis inside the condom with the other hand

- Hold the outer ring in place

- You will hear noise during sex

3. Demonstrate how to remove the condom after sex.

    - Squeeze and twist the outer ring and pull it out while still lying down to prevent spilling of sperm (semen)

    - Tie it

    - Wrap the used condom and throw it into dustbin or pit latrine

4. Encourage the woman to visit you after use and ask any new questions.

    At a follow-up meeting with the woman—

    - Greet the woman

    - Find out about her health

    - Ask about any problems encountered

    - Counsel her again if necessary

    - Go through the steps with her

Counsel her about changing her dual protection methods (protection against both unintended pregnancy and STIs/HIV/AIDS) if necessary.

To have a satisfied client long term, it is important to follow-up with her after her first few times using the female condom. You need to solve any problems she might be having and review any points she may have forgotten. Remember that she will share her opinions with others and can strengthen or weaken your program by her satisfaction with use those first few times.

The trainer should demonstrate use of the female condom utilizing a model if available or through half-clenched fist if none available.

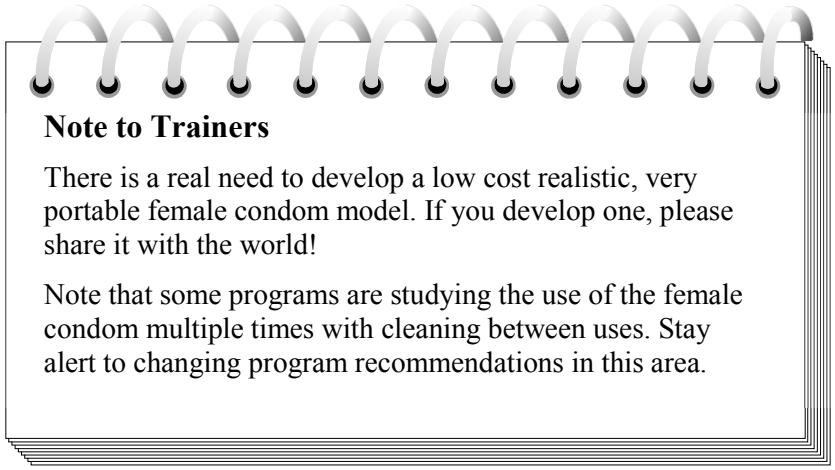
The trainer should hand around several female condoms and allow participants to play with them and ask questions. Distribute the checklist for the female condom and explain to the group how to use it.

5. Ask participants to form groups of two or three and practice using the checklist as a guide on how to do the various steps. One participant can read from the list and the other performs the steps in order. Encourage the groups to ask for assistance whenever they need it. The trainers move from group to group, giving support and advice as needed. Have the participants utilize the remainder of this session to practice.

Wrap-up

Make the following points to the participants—

- As with the diaphragm or male condom, participants can expect to feel awkward at first. Confidence is gained with practice. We need to make this point to community members as effectively as we teach condom use.
- Advantages of the method that should be reinforced to participants include—
  - Women can control use of the method, giving themselves both STI and family planning protection
  - It does not affect the fertility of either the man or the woman



Note to Trainers

There is a real need to develop a low cost realistic, very portable female condom model. If you develop one, please share it with the world!

Note that some programs are studying the use of the female condom multiple times with cleaning between uses. Stay alert to changing program recommendations in this area.

Sample Session Design

Session 4
Practice Session

Sample Session Design

Time	Content	Methodology	Materials Needed	Evaluation
20 minutes	**Participants are divided into groups of three and practice demonstration of female condom use to clients**	Return demonstration	"Female Condom Checklist" handout Female condoms Condom insertion model	Participant is able to perform all points covered on the checklist and is working towards mastery
30 minutes	**Second person of the group demonstrates female condom use**	Return demonstration	"Female Condom Checklist" handout	Participant is able to perform all points covered on the checklist and is working towards mastery
30 minutes	**Third person of the group demonstrates female condom use**	Return demonstration	"Female Condom Checklist" handout	Participant is able to perform all points covered on the checklist and is working towards mastery

Session 4: Practice Session

Activities and Handouts for Sample Session Design

- **Return Demonstration of Use of the Female Condom**

Activity Return Demonstration of Use of the Female Condom

Objective By the end of the session, participants will be able to—

- Demonstrate competently all steps in how to use the female condom

Time 90 minutes

Preparation Prepare copies of the "Female Condom Checklist" handout on page 8-64 and samples of the female condom sufficient for each participant.

Prepare enough female condom models so that each group of three has one for the practice session. Each participant will need his or her own female condom for practice.

Directions This session is a continuation of session three.

1. Now the participants have had the opportunity to handle the female condom, review the checklist step by step, and ask any initial questions.

2. Next they are divided into groups of three. In each group one person is the demonstrator/CBD, one is the client/observer, and one is the reader of the checklist.

3. For the first 25 to 30 minutes the first person is able to practice each step of the checklist using the female condom and model. The other two members of the group give feedback and encouragement. After all steps are practiced individually, the demonstrator tries to perform the entire demonstration without looking at the checklist.

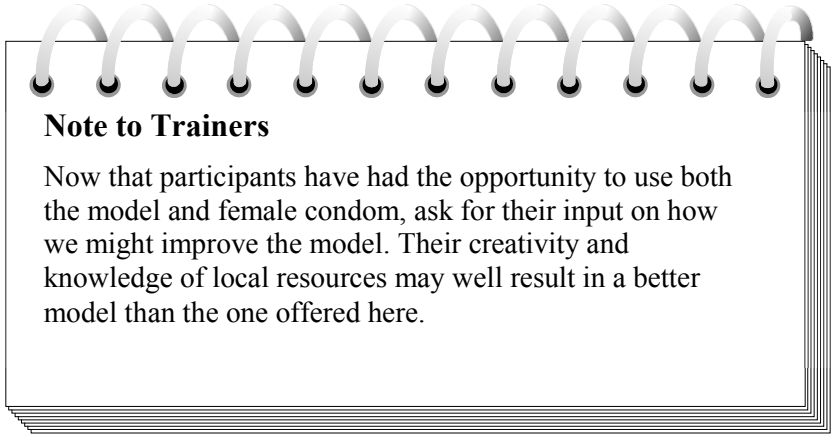
4. The members of the group rotate two more times until each person has had the opportunity to play the role of demonstrator (CBD), client and checklist reader.

5. The trainers move around the room assisting as needed and listening to the quality of the teaching the CBD is giving.

Wrap-up

During the last ten minutes of the session the trainer asks participants how everything went.

- Give feedback on what went well during the session and what in particular needs more attention and practice.
- For homework ask participants to take the checklists, condoms, and models with them and repeat the practice session among them this evening. They are welcome to change groups and work with other participants getting more feedback on their performance.



Note to Trainers

Now that participants have had the opportunity to use both the model and female condom, ask for their input on how we might improve the model. Their creativity and knowledge of local resources may well result in a better model than the one offered here.

Sample Session Design

Session 5

How Do We Get Behavior Change in Dual Protection?

Sample Session Design

Time	Content	Methodology	Materials Needed	Evaluation
20-30 minutes	**Discussion of issues which affect dual protection use in our community**	Facilitated discussion	Trainer has list of discussion questions	Participants analyze issues affecting use of dual protection in own community
20-30 minutes	**The stages of behavior change are presented and related to dual protection**	Facilitated discussion	Large sheets of white paper, colored markers, and poster of behavior change stages	Participants can relate stages to own experience in trying to change a behavior
30-40 minutes	**Strategies for using dual protection in our community is discussed**	Facilitated discussion	Trainer has list of discussion questions	Participants can come up with strategies for urging dual protection

Session 5: How Do We Get Behavior Change in Dual Protection?

Activities and Handouts for Sample Session Design

- **How Do We Get Behavior Change in Dual Protection?**

Activity How Do We Get Behavior Change in Dual Protection?

Objective By the end of the session, participants will be able to—

- Explain the importance of use of dual protection in avoiding unwanted pregnancies and providing protection against HIV/AIDS and other STIs
- Provide women and couples information on the need for dual protection

Time 90 minutes

Preparation Prepare to lead a discussion with the questions below or questions modified to better fit your society and community.

Directions The trainer will lead a facilitated discussion with three broad parts.

1. Ask a number of questions about how people behave in our culture.
2. Discuss the stages of behavior change.
3. Develop strategies to get men and women of our communities to use dual protection consistently with every partner.

Part 1: Ask questions about how people behave in our culture—

Who in the relationship decides to use condoms?

What are their reasons for using condoms?

How can they get condoms in our area?

Do they always use them?

If not, why?

If not, do they use them with their husbands/wives but not their lovers?

Do they use them with their lovers but not their husbands/wives?

Who should use condoms?

Who should buy the condoms?

Who should carry the condoms?

If a man suggests using a condom with a new partner, what reaction is he likely to get?

If a woman suggests using a condom with a new partner, what reaction is she likely to get?

Is it acceptable for a married woman to refuse her husband when he desires sex?

Is it acceptable for a married man to refuse his wife when she desires sex?

Do couples usually discuss sexual issues?

Are they equals in deciding what method of contraception or HIV protection to use?

Does the condom change the way in which the man enjoys sex?

Does the condom change the way in which the woman enjoys sex?

Is it appropriate for teenagers to use male or female condoms? Why?

Part 2: The trainer will summarize the major points made in the discussion using the questions above and others as desired. Now, confirm with participants what a complex issue it is to decide to use contraceptives and dual protection methods.

Tell them we will now discuss the stages of behavior change. Present the stages we all go through in changing our behavior as presented below.

First Stage: Ignorance (pre-contemplation stage). In this stage the person has never heard about condoms and does not know his or her risk of getting pregnant or contracting an STI. To overcome this stage, the person must be educated. Sometimes we refer to this as awareness raising. This is probably the easiest stage to affect. This person needs to learn all about condom use and dual protection. Explain the risks of unprotected sex, proper use of male and female condoms, and how to obtain them.

Second Stage: Aware and Thinking (contemplation stage). During this stage the person knows about condoms and knows there is a risk of pregnancy or STI. The person is thinking about what to do. He or

she may need some more information or encouragement to get them to start using condoms. It may be that the person doesn't know where to buy them, is shy to discuss it with their partner, or is not yet convinced of the urgent need to protect him or herself. This person needs support to convince them about the importance of using protection. Address any concerns this person may raise.

Third State: Action (action stage). In this stage the person is convinced it is important to use condoms and has begun to do so. Congratulate the person on taking on this new excellent health behavior. Support them with any concerns or questions raised. Urge them to be consistent in their condom use each and every time.

Forth Stage: Relapse (relapse stage). In this stage the person is convinced he or she should be using condoms consistently, but for some reason has failed to use them every time. You may hear excuses like "I just ran out of condoms," "I was away from home," or "I didn't have any money on me to buy condoms." The strategy in this case is to reinforce how important it is to use them every time since you can never predict which time you will get pregnant or get an infection. Support the client and urge him or her to continue with consistent use. Make certain they are not having any difficulty in using or obtaining condoms.

Fifth Stage: Successful Continued Behavior Change (maintenance). In this stage the person has mastered any difficulties he or she has had in using the condoms. The person is now consistently and correctly using dual protection. In this stage, congratulate the person on taking such good care of their health, and urge them to continue to share their experience with peers and friends.

Part 3: Develop strategies to get men and women in our culture to use dual protection consistently with every partner.

The trainer leads a discussion on what strategies we should try to improve dual protection use in our society. Some questions you may wish to use to stimulate discussion follow—

To make condoms easily available, where do you think we should be offering them for sale?

Possible answers: schools, factories, taxi drivers, beauty parlors, clinics, roadside fast food stands, hotels, military bases, bars, driver's union offices, youth centers, sports games, and many other places.

How would you convince a man to use a condom regularly when he complains that he feels decreased enjoyment when using a condom?

Possible answers: Talk with him about the high risk in our day and age of contracting an STI and getting someone pregnant with the associated troubles.

How would you respond to someone who says that condoms are for prostitutes?

Possible answers: Assure the person that condoms are for all of us. They are of great value in helping us to plan our children to be born when we want and in saving our lives from HIV/AIDS, a killer for which there is no cure.

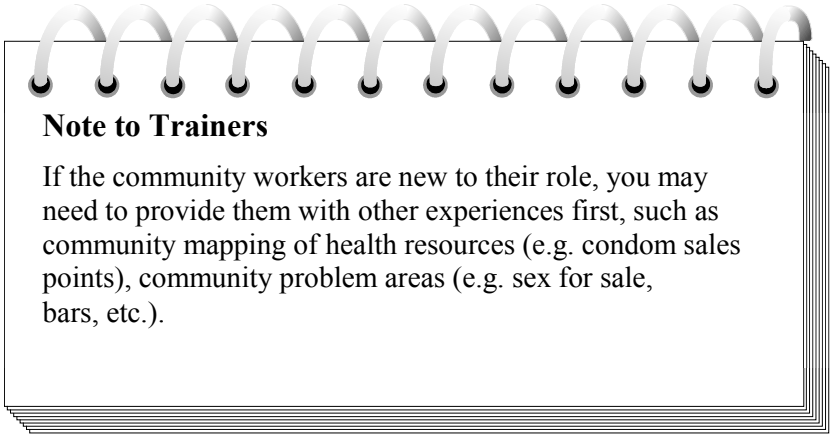
Many adolescent girls are getting HIV from much older partners. How can we protect our adolescent girls from date rape, sugar daddies, and sexual abuse from family members and other?

Possible answers: Community education on the dangers of older men having sex with young girls. Teach girls to protect themselves, and provide them with negotiation skills training. Talk to girls about their options. Teach girls to walk in pairs when on quiet roads; they should scream for help and resist the advance. They should be taught that relatives and family friends do not have the right to touch or fondle them.

Add other questions appropriate for your culture, community, or participants.

Wrap-up Conclude with the following points—

- Just knowing that a person has been informed about the importance of dual protection is not enough. We need to know that the person is convinced of its importance, has enough information and access to condoms to change his/her behavior, and receives ongoing support to use them consistently.
- Our role as community members is to provide the information, provide consistent ongoing support to make certain the behavior is sustained, and help advocate within our community to make certain that condoms are always available.



Note to Trainers

If the community workers are new to their role, you may need to provide them with other experiences first, such as community mapping of health resources (e.g. condom sales points), community problem areas (e.g. sex for sale, bars, etc.).

Sample Session Design

Session 6

Checkout Participants Using Checklist

Sample Session Design

Time	Content	Methodology	Materials Needed	Evaluation
90 minutes	**Participants practice use of female condom checklist**	Return demonstration	Female condom checklists	Participants with practice are able to perform all steps of the checklist correctly
30 minutes	**Trainers checkout participants for mastery of skills**	Return demonstration	Female condom models	After practicing with teams, participants are able to perform all steps of checklist correctly

Session 6: Checkout Participants Using Checklist

Activities and Handouts for Sample Session Design

- **Checkout Participants Using Checklist**

Activity Checkout Participants Using Checklist

Objective By the end of the session, participants will be able to—

- Demonstrate step by step how to insert, use, and remove the female condom

Time 90 minutes

Preparation Prepare to lead a demonstration of how to teach use of the female condom.

Directions The trainer will lead the group in demonstrating the use of the female condom using an actual condom, a teaching model, and the female condom checklist.

1. The trainer will divide the participants into pairs.
2. The pairs will practice use of the female condom using the checklist and model.
3. The partner will critique his/her partner's performance and add in any steps from the checklist that were skipped or done improperly. The trainers move throughout the room giving advice and assistance as needed.
4. Once a participant seems to have mastered the skill, a trainer sits with the individual and observes and critiques performance.
5. All participants must have mastered the skills prior to returning to their communities and using the skills. Trainers may need to schedule an additional session after the training day to assist those having difficulty.

Sample Session Design

Session 7
Review of the Male Condom

Sample Session Design

Time	Content	Methodology	Materials Needed	Evaluation
45 minutes	**Using the male condom checklist, participants review how they teach use of the male condom**	Trainer leads a review of male condom checklist	Male condom checklist handout, penis model	Participants are able to demonstrate step by step use of the male condom
45 minutes	**Using a list of actual situations, participants develop answers to common problems in bringing about change**	Trainer leads discussion of solving common behavior change problems	Trainer has list of situations cut into strips	Participants are able to develop good local solutions to common problems

Session 7: Review of the Male Condom

Activities and Handouts for Sample Session Design

- **Review of the Male Condom**
- **Prejudices and Attitude Problems about Sexual Practices**

Activity Review of the Male Condom

Objective By the end of the session, participants will be able to—

- List the steps of male condom usage
- Explain the role of the male condom in dual protection
- Develop strategies for dealing with common problems encountered in helping create behavior change

Time 90 minutes

Preparation Copy the male condom checklist on page 8-67 for all participants.

Directions The CBD has been offering the male condom for some time. The first part of this session is simply to review the procedure and solicit any problems from the CBDs that they face in the field and how they solve them. The steps below are how the CBD teaches condom use in the community.

Once the trainer is confident that participants are teaching male condom use correctly and completely, have the group work on overcoming typical arguments or attitudes found in the community that do not show respect for the partner or that deny the risks of unprotected intercourse. You may wish to divide the group into two with one group reviewing and practicing check out on the male condom and the other half dealing with counseling issues. The group may be divided into teaching a woman and a man. After 45 minutes the groups change places.

Teaching Condom Use in the Community

1. Greets the client with respect
2. Briefly explains the purpose of her visit
3. Asks about her reproductive goals
4. Tells the health benefits of family planning
5. Determines what the client already knows about condoms
6. Addresses myths and misconceptions about condoms appropriately

7. Briefly explains—

    - That condoms are a thin, rubber sheath worn by men during sexual intercourse

    - That condoms protect against pregnancy because the semen stays trapped inside the condom and cannot enter the woman's body

    - The benefits of condoms (easy to use, cheap, easily available, protects the couple from STIs/HIV/AIDS, protects from cancer of cervix)

    - The limitations of condoms (it requires correct use by male partner every time)

8. Instructs the client on correct use of condoms—

    - Shows a packet of condoms to the client

9. Gives instructions on how to use the condom—

    - A new condom should be used every time one has sex

    - Check expiration date

    - If condoms are not used each time, she is at risk for pregnancy and both the partners at risk for STIs/AIDS

    - The condom should be put on the erect penis before the penis comes near the vagina

10. Explains how to put on a condom—

    - Tear the packet from one side and take out the rolled condom, taking care not to tear the condom

    - Hold the rolled rim of the condom on the outside, away from body

    - Hold tip of condom between fingers to expel air

    - Roll it down the penis

    - Do not use oil or Vaseline as lubricant

11. Explains how to take off a condom—

    - Withdraw the hard penis immediately after ejaculation to avoid spilling of semen into vagina

    - Hold the rim of the condom while pulling the penis out

12. Explains how to dispose of condom—

    - Tie a knot on the upper portion of the condom
    - Bury condom

      Or

    - Wrap in a paper and throw it in a trash/dustbin or pit latrine

13. Checks that the client understands how to use condom by—

    - Giving a condom to the client and asking her to explain correct use of the condom

Activity Prejudices and Attitude Problems about Sexual Practices

Objective By the end of the session, participants will be able to—

- Describe examples of prejudices about sexual practices

Time 90 minutes

Preparation Copy the handout and cut the strips apart.

Directions This activity involves dealing with realistic attitudes and prejudices found in our societies. The vignettes in the handout are direct quotes from community members regarding use of dual protection.

1. Evaluate whether or not the strips represent the values and views of your community. If not, develop your own situation strips.
2. Ask a group of two to three to develop a response to the individual situation described in the strip.
3. Ask the small group to tell the whole group how they would deal with someone making this comment. Then invite the whole group to enter the discussion, adding points, and criticizing the small group's solutions.

Wrap-up Point out the following things to the participants—

- Motivation for use of condoms may vary from individual to individual with some focusing on STIs and others on unintended pregnancy. Reinforce both users as to the value of their use and encourage continuation.
- To provide dual protection in our communities, patience and willingness to repeat and re-teach individuals is critical.

Note to Trainers

If your participants vary widely in their experience and mastery of the material, you may choose senior CBDs to mentor and supervise the practice session for newer CBD agents.

Handout

How Do We Get Behavior Change in Dual Protection?

If she carries condoms around, she must be a whore.

(Male student)

If she is my regular partner and she is on the pill, I won't use the condom because all this while she has been on the pill and nothing has happened. I won't agree to use the condom. No reason will convince me.

(Male focus group participant)

If the man she loves cannot sponsor her, she will find another man who can help pay her expenses but also continue her relationship with her lover.

(Young woman, out-of-school)

When men pay you for sex, if you get pregnant they refuse to support the child saying they have already paid you money for sex.

(Young woman, out-of-school)

I was involved in the game and I was also a promoter. I promoted many girls to have sex with my friends. I lost count of how many I "pushed" like that. There were 18 of us in the National Service at that time, and we helped each other.

(Former NSS male teacher)

I asked three female students whether they had had any affairs. I used condoms with two of them. The third woman was difficult to handle, she kept changing her mind, so when she finally agreed, there was no time to go and get a condom, so I had sex with her without a condom.

(Former NSS male teacher)

During the first time we usually use a condom but when we realize that the woman is a virgin, there is no need to use a condom.

(Former NSS male teacher)

Some men will beat you up if you refuse to have sex without a condom.

(Young woman, out-of-school)

Some men will rape you.

(Young woman, out-of-school)

If you tell him you are using a birth control method but you still want him to use the condom, he will be furious because he will feel you don't trust him. You may rather say that you don't trust the pill or you want some change and he will feel more at home. You have to ask nicely.

(Female regular teacher)

If I don't have any other affairs, I will not use dual methods. There is no need to use the condom because I know I don't have anybody else.

(Male regular teacher)

If she is using pills she won't get pregnant. So she could see someone else too and she may be afraid that if she gets some disease she might pass it on to me and so wants me to use condoms. Or, she thinks that I have sex with others, and so is afraid to have sex with me without condoms... it means there is no real love between us.

(Former NSS male teacher)

He told me he will use condoms with his girlfriends but not with me… I saw condom packets at his place, so I assume he uses them with others. He says he is faithful to me. He also doesn't want me to use any other contraceptives such as an injection or the pill.

(Young woman, out-of-school)

Sample Session Design

Session 8

Wrap-up and Integration into Our Program

Sample Session Design

Time	Content	Methodology	Materials Needed	Evaluation
60 minutes	**Review the content from the past two days with emphasis on areas that were difficult to understand**	Trainer led guided discussion	Male and female condom checklists	Participants are clear on how to counsel for dual protection and have a plan for approaching the community
30 minutes	**Farewell** Logistics—when to meet in the field Certificate optional Snack, party **Closing remarks**			

Session 8: Wrap-up and Integration into Our Program

Activities and Handouts for Sample Session Design

- **Wrap-up and Integration into Our Program**

Activity Wrap-up and Integration into Our Program

Objective By the end of this final session, participants will be able to—

- Review main points and have concerns addressed by the trainers
- Summarize what they have learned and discussed
- Demonstrate they understand the information well before returning to their homes

Time 90 minutes

Preparation Have large sheets of white paper and colored markers available.

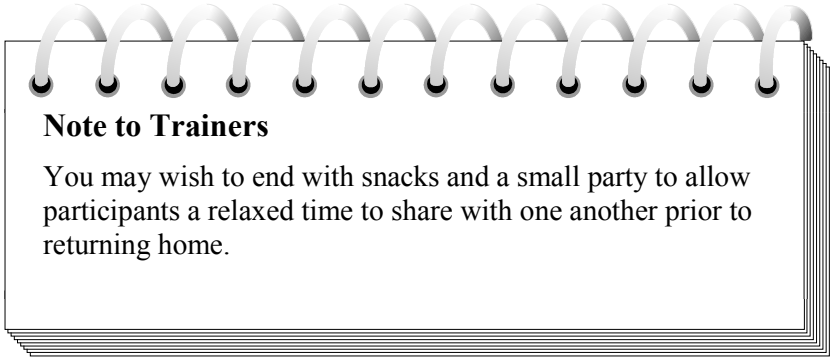
The trainer reviews what seem to have been the difficult points for the participants in the past two days. Write notes regarding the issues you wish to bring up during the session.

Directions Lead a guided discussion to review the areas covered the past two days. This discussion will serve as an evaluation of the training and how much has been learned. If your community workers are all literate, you may choose to have a written post-test as well. Include such issues as—

- How to use the female condom
- Where to obtain the condom and any logistical issues in your environment
- What counseling points you want to make certain to tell a first time user
- How to determine if a woman/couple is satisfied with the condom
- What are common complaints/problems you can help to solve with giving information?
- How to get youth/women/men to change their behavior and use protection each and every time they have intercourse/mouth-to-genital contact
- If you have counseled someone more than once about using dual protection and he/she is still not protecting him/herself, what would you do?

Wrap-up Make the following points to participants—

- We all have the potential to change, learn new things, and grow personally. We do not all progress at the same rate or learn in the same manner. Therefore, patience, humor, and creativity in counseling are needed.
- Through promoting dual protection we are saving lives and protecting the lives of those in our own communities.
- This is critical work to ensure the next generation is alive, productive, happy and healthy.



Note to Trainers

You may wish to end with snacks and a small party to allow participants a relaxed time to share with one another prior to returning home.

Checklist for Use of Female and Male Condom

- **Checklist for Use of Female Condom**
- **Checklist for Use of Male Condom**

Checklist for Use of the Female Condom

Name of CBD/Peer Educator: _____

Date: _____

Instruction: Rate the performance of each task/activity observed using the following rating scale.

0	Step/task omitted
1	Step/task incorrectly performed
2	Step/task correctly performed but not systematic
3	Step/task correctly performed with confidence
N/A	Step/task not observed

Steps in Use of the Female Condom	**Dates Observed**			
1. Create a comfortable and private environment				
2. Greet woman/couple				
3. Ask about her/their reason for the visit				
4. Tell her/them about the female condom—				
- The female condom is a new, safe, pre-lubricated (covered with oil) contraceptive. (Let them handle and feel it.)				
- It is made of strong, soft polyethylene				
- When worn it lines (covers) the vagina (female private part) gently				
- It is reliable, provides sensitivity for the couple, and is natural and enjoyable				
- It acts as a barrier against germs that cause STIs/HIV/AIDS				

- It also prevents unintended pregnancy by preventing the male seed (sperm) from reaching the female ovum (egg)				
- It has a double advantage in protecting the woman's health by preventing unplanned/unwanted pregnancies and protecting against STIs/HIV/AIDS				
- It has a flexible ring at each end (show the condom to the people)				
- The inner ring is used for insertion to help keep the condom in place				
- The outer ring remains outside the vagina (female private part) and covers the outside of her genitals				
- It is one size that fits all				
- It can be inserted up to eight hours before sex or just before sex				
- It should be used only once and then discarded				
- Review the female reproductive system				
5. Demonstrate how the female condom is used—				
- Wash your hands with soap				
- Check the manufacture and expiration dates				
- Open the package carefully where an arrow points on the top right of the package. Don't remove condom with long or rough nails				
- Find a comfortable position—				
- Standing with one foot on a chair or bed				
- Sitting (knees apart)				
- Lying down				
- Rub the condom to spread the oil on it. For extra moisture and comfort use any water or oil based lubricant. For example dip several fingers into palm oil and apply				
- Squeeze the inner ring				

- Insert the condom into the vagina (female private part) as far as it will go (use model or half-clenched first)				
- Push it up with a finger and ensure that it is not twisted				
- During sex guide the penis inside the condom with the other hand				
- Hold the outer ring in place				
- You will hear noise during sex				
6. Demonstrate how to remove the condom after sex—				
- Squeeze and twist the outer ring and pull it out while still lying down to prevent spilling of semen (sperm)				
- Tie it				
- Wrap the used condom and throw it into the dustbin or pit latrine				
7. Encourage the woman to visit you after use and ask any new questions.				

At follow-up meeting with the woman—				
- Greet the woman				
- Find out about her health				
- Ask about any problems encountered				
- Counsel again if necessary				
- Go through the steps with her				
- Counsel her about changing her dual protection methods (protection against both unintended pregnancy and STIs/HIV/AIDS) if necessary				

Checklist for Use of the Male Condom

Name of CBD/Peer Educator: _____

Date: _____

Instruction: Rate the performance of each task/activity observed using the following rating scale.

0	Step/task omitted
1	Step/task incorrectly performed
2	Step/task correctly performed but not systematic
3	Step/task correctly performed with confidence
N/A	Step/task not observed

Steps in Use of the Male Condom	**Dates Observed**			
1. Greet the client with respect.				
2. Briefly explain the purpose of her or the couples visit.				
3. Ask about her/their reproductive goals.				
4. Explain the health benefits of family planning.				
5. Determine what the client(s) already knows about condoms.				
6. Address myths and misconceptions about condoms appropriately.				
7. Briefly explain—				
- Condoms are a thin, rubber sheath worn by men during sexual intercourse				
- Condoms protect against pregnancy because the semen cannot enter the woman's body as it is trapped inside the condom				

- The benefits of condoms (easy to use, cheap, easily available, protects the couple from STIs / HIV, protects from cancer of cervix)				
- Limitations of condoms (it requires correct use by male partner each time)				
8. Instruct the client(s) on correct use of condoms.				
- Shows a packet of condoms to the client(s)				
9. Give instructions on how to use the condom—				
- A new condom should be used every time one has sex				
- If condoms are not used each time, the women is at risk for pregnancy and both the partners are at risk for STIs/HIV				
- The condom should be put on erect penis before the penis comes near the vagina				
10. Explain how to put on a condom—				
- Tear the packet from one side and take out the rolled condom, taking care not to tear the condom				
- Hold the rolled rim of the condom on the outside, away from body				
- Hold the tip of the condom between your fingers to expel air				
- Roll it down the penis				
- Do not use oil or Vaseline as lubricant as it destroys the condom				
11. Explain how to take off a condom				
- Withdraw the hard penis immediately after ejaculation to avoid spilling of semen into vagina				
- Hold the rim of the condom while pulling penis out				

12. Explain how to dispose of condom				
- Tie a knot on the upper portion of the condom				
- Bury the condom **Or** - Wrap it in a paper and throw it in a dustbin or pit latrine				
13. Check that the client understands how to use condom by—				
- Giving a condom to the client(s) and asking them to explain correct use of the condom				
- Encouraging her/them to give correct answers and telling them again what they forget				
- Encouraging the client to ask questions about correct use of the condom				
14 Explain how to look after condoms before using them—				
- Keep in a cool, dark place				
- Keep away from direct sunlight or heat				
- Check the date of expiry on the packet				
- Take care when handling condoms: fingernails can tear them				
- Do not unroll condoms before using them: an unrolled condom may be weakened and is difficult to put on				
- Provide twenty condoms **Or** - Sell as many condoms as the client wants				
- Ask the client if they have more questions/concerns and respond appropriately				
- Ask the client their plans for follow-up/re-supply visit				

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Resources

Dual Protection Counseling Chart (flipchart)
Association for Reproductive and Family Health (ARFH)
815 Army Officers Mess Road
Ikoloba, GRA
PO Box 30259
Secretariat Ibadan
Ibadan, Nigeria, West Africa

(Costs approximately $25 US plus postage)

Tel: 02-8102-760 or 02-8100-164
Tel/Fax 02-8101-669

The USAID Policy Paper on the ABCs of HIV Prevention

USAID Issues Brief

The ABCs of HIV Prevention

Abstaining from sexual activity, mutual monogamy, and condom use are three behaviors that can prevent or reduce the likelihood of sexual transmission of the AIDS virus. These behaviors are often included together under a comprehensive "**ABC**" approach – **A** for abstinence (or delayed sexual initiation among youth), **B** for being faithful (or reducing one's number of sexual partners), and **C** for correct and consistent condom use, especially for casual sexual activity and other high-risk situations.

Understanding and promoting these behaviors are key elements in combating the spread of HIV/AIDS. Based on a growing body of evidence from a number of developing countries, USAID supports the ABC approach because it can target and balance A, B, and C interventions according to the needs of different at-risk populations and the specific circumstances of a particular country confronting the epidemic.

Background: The Decline of HIV Prevalence in Uganda

As one of the world's earliest success stories in confronting AIDS – and probably the most dramatic – Uganda experienced substantial declines in HIV prevalence during the 1990s. According to estimates by the U.S. Census Bureau and UNAIDS, national prevalence peaked at around 15 percent in 1991 and fell to 5 percent by 2001. Among pregnant women in urban areas, prevalence declined from a high of approximately 30 percent to about 10 percent, while among rural pregnant women it fell from more than 10 to less than 5 percent (figure 1). Uganda's vivid decline in HIV prevalence remains unique worldwide. In other sub-Saharan African countries with epidemics of comparable severity and longevity, similar declines have yet to occur. Accordingly, Uganda's success has been the subject of intense study and analysis.

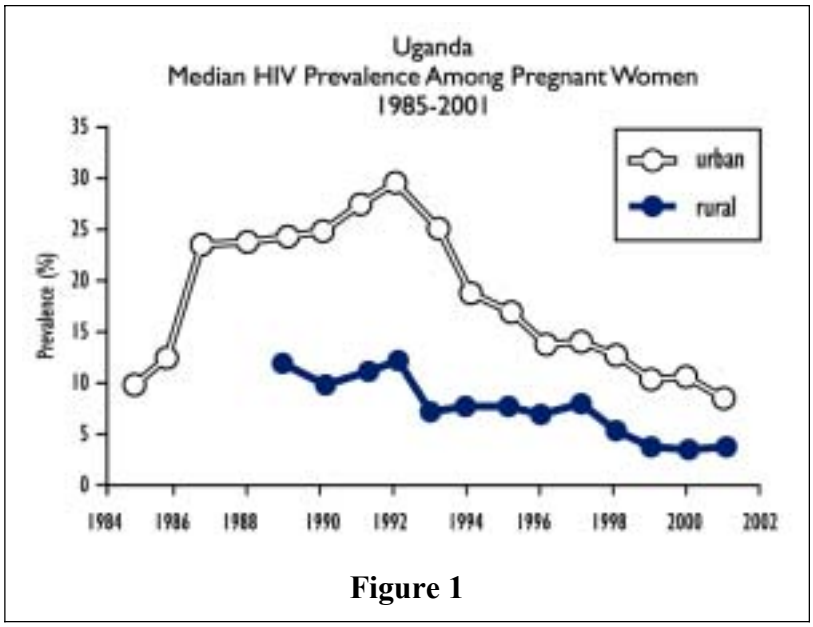

Figure 1

It appears that Uganda's decline in HIV prevalence was associated with positive changes in all three ABC behaviors: increased abstinence, including deferral and considerably reduced levels of sexual activity by youth since the late 1980s; increased faithfulness and partner reduction behaviors; and increased condom use by casual partners. The most significant of these appear to be faithfulness or partner reduction behaviors by Ugandan men and women, whose reported casual sex encounters declined by well over 50 percent between 1989 and 1995 (figure 2). This conclusion is supported by comparisons with other African countries.

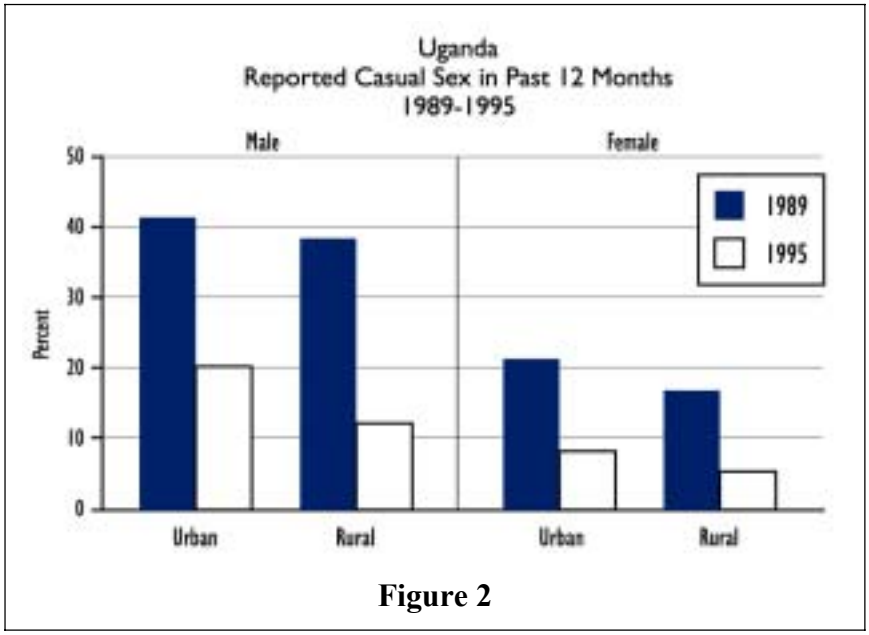

Figure 2

Uganda's successful combination of ABC strategies was rooted in a community-based national response in which both the governmental and nongovernmental sectors, including faith-based, women's and other grassroots organizations, succeeded at reaching different population groups with different messages and interventions appropriate to their need and ability to respond. Young persons who had not yet begun to have sex were cautioned to wait, and if a young person had just begun to have sex, then he or she should return to abstinence. If a person was already

sexually active, he or she should adopt the practice referred to locally as “zero grazing” – faithfulness in marriage or partner reduction outside of marriage. For those who continued to engage in risky behavior, condom use was urged to reduce their risk.

Evidence from Other Countries

While Uganda provides the most dramatic example of the effect of ABC behavior changes on slowing the spread of HIV infection, there is growing evidence from other countries as well. In Thailand, the first Asian country to face a severe AIDS epidemic, prostitution was the main source of HIV infection. In the early 1990s, the government instituted a “100 percent condom use” policy in brothels, which was widely credited with sharply reducing the spread of HIV infection. Between 1990 and 1995, the proportion of men reporting paying for sex declined by more than 50 percent (figure 3). In this more concentrated epidemic, therefore, partner reduction along with condom use for commercial sex undoubtedly had a substantial effect on slowing HIV transmission. As in Uganda, the government's willingness to address the epidemic openly was also essential.

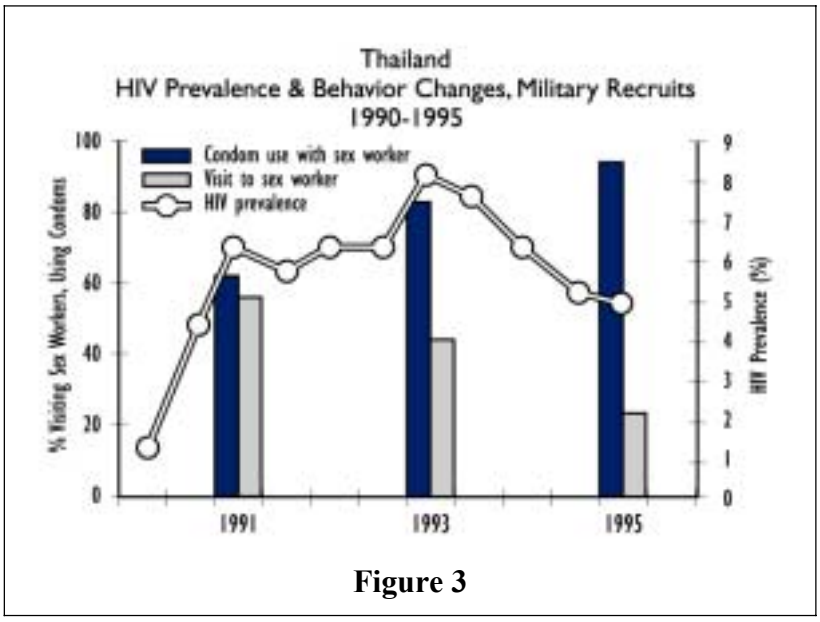

Figure 3

Zambia, Cambodia, and the Dominican Republic are other countries in which various combinations of ABC behaviors have contributed to declines in HIV prevalence. In Zambia, a decline in prevalence appears to have occurred among urban youth during the 1990s, during which time national surveys reported clear, positive changes in all three ABC behaviors. The grassroots involvement of faith-based and other community-based organizations was crucial in promoting these changes. As occurred in Uganda, the main reported change was a large decline in casual sex among both men and women. Cambodia is replicating Thailand's success in applying a 100 percent condom policy in brothels. Similar to Thailand, the country has experienced a steep decline in the number of men visiting prostitutes (from 27 to 11 percent between 1996 and 2000). In the Dominican Republic, partner reduction by men and increased condom use with non-regular sexual partners also appear to have slowed the spread of HIV.

Balancing and Targeting a Comprehensive ABC Approach

The findings of a recent extensive review of survey data are consistent with the need for appropriately balanced and targeted ABC approaches. This study analyzed how ABC behaviors appear to have affected HIV prevalence in three developing countries where prevalence has declined (Uganda, Zambia, Thailand) compared to three countries where there is little evidence so far of a decline (Cameroon, Kenya, Zimbabwe). In the case of the five African countries, it found that significant delays in the onset of sexual activity, declines in premarital sex, and large declines in extramarital sex and multiple sexual partnerships occurred in Uganda and Zambia during the 1990s, while comparable changes did not occur in Cameroon, Kenya, or Zimbabwe. Condom use increased greatly in all of the countries.

In September 2002, USAID hosted a meeting of technical experts from HIV/AIDS programs and research institutions to consider the evidence regarding ABC behavior change approaches to HIV prevention. The meeting identified areas of consensus that may have important implications for program planning and decision making:

- **There is a clear need for a balance of A, B, and C interventions.** Approaches should be combined as appropriate based on the local cultural context as well as the state of the HIV epidemic. In Southeast Asia, HIV/AIDS is still largely confined to high-risk populations, in which correct and consistent condom use is relatively easy to implement. In many African countries, the epidemic is more generalized and thus requires an appropriate mix of A, B, and C approaches.
- **Interventions need to be targeted for efficiency and respond to crucial differences among target groups.** For example, balanced ABC approaches might be implemented in the form of: (a) interventions promoting sexual deferral to youth; (b) interventions promoting partner reduction to those not in monogamous relationships; and (c) interventions promoting condom use to highly sexually active groups, especially sex workers and their clients, as well as people living with HIV/AIDS.
- **Political leadership and community involvement are key.** There is a critical need for government and community leaders to promote open communication about the problem of HIV/AIDS, address stigma, help empower women and girls to avoid sexual coercion, and to develop a multi-sectoral response to enhance the success of ABC behavior change.
- **Partner reduction is emerging as a key element of successful HIV prevention.** Amid the debate over abstinence versus condoms, partner reduction and fidelity have been an often neglected component of behavior change efforts. Yet, as suggested by the experience of the very different epidemics in Uganda and Thailand, "B" could become the centerpiece of a unifying, evidence-based ABC approach. As partner reduction becomes an expected "normative" collective social behavior (as seems to have occurred in both Uganda and Thailand), the impact of B could become even more significant in many countries.
- **Further research is needed.** Continuing studies in other countries will yield more evidence of the most effective balance of ABC approaches in different settings. Senegal, for example, has achieved Uganda-like behavior change with a balanced

ABC program in a low-prevalence setting. Further study of such successes is needed to consider their potential application elsewhere.

The USAID meeting also noted that the ABC approach to HIV prevention has ample room for the participation of a diverse range of partners in the global fight against HIV/AIDS. The approach helps clarify the complementary roles of program partners in overcoming the epidemic, and all partners – governments, international organizations, donor agencies, faith-based and other nongovernmental organizations, and many others, can contribute to ABC programming according to their particular organizational orientation, capacity, and strengths. This enhanced collaboration will serve to broaden the ABC strategy and maximize its impact across a wide spectrum of program and national needs.

June 2003

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